

- o Section (2)(B)3 of the State's Prospective Reimbursement Plan for Nursing Home Services provides that a change in ownership/management of a facility is not subject to review for rate reconsideration. Under the State's current methodology, nursing home payment rates do not increase as a result of a change in ownership.
- o The state assures that valuation of capital assets for purposes of determining payment rates for long-term care facilities will not be increased, solely as a result of a change of ownership, by more than as may be allowed under section 1902 (a)(13)(C) of the Act.
- o Except for preadmission screening for individuals with mental illness and mental retardation under Section 483.20(f), the methods and standards used to determine payment rates takes into account the costs of complying with the requirements of Part 483 Subpart B.
- o The methods and standards used to determine payment rates provides for an appropriate reduction to take into account the lower costs (if any) of the facility for nursing care under a waiver of the requirement in Section 483.30(c) to provide licensed nurses on a 24-hour basis;
- o The State establishes procedures under which the data and methodology used in establishing payment rates are made available to the public.
- o The state assures that payments to nursing facilities take into account the costs of services required to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident eligible for benefits under Title XIX. Furthermore, the state provides an appropriate reduction to take into account the lower costs, if any, of nursing facility with a waiver under section 1919(b)(4)(C)(ii).

Related Information

In conformity with Title 42 CFR Section 447.255, DSS/DMS is submitting with the findings and assurances the following related information:

- o DSS/DMS has determined a projected weighted average per diem rate for each type of long-term care provider after the effective date of the trend factor increase and the amount of increase or decrease represented by the proposed rate. The amounts are as follows:

<u>Provider Type</u>	<u>Before July 1, 1994</u>	<u>After July 1, 1994</u>	<u>Increase/ Decrease</u>
NF	\$57.18	\$58.57	\$1.39

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Effective Date July 1, 1994  
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- o DSS/DMS estimates there is no significant impact resulting from the change, either in short-term or long-term effects, as affecting -
  - (1) The availability of services on a statewide and geographic area basis;
  - (2) The type of care furnished; and
  - (3) The extent of provider participation

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## APPENDIX

### Findings and Assurances

In conformity with the Title 42 CFR Section 447.253(a) and (b), the Department of Social Services/Division of Medical Services (DSS/DMS) makes the following findings and assurances:

- o Long-term care facility rates of payment have been found to be reasonable and adequate to meet the costs that must be incurred by efficiently and economically operated providers to provide services in conformity with applicable State and Federal laws, regulations, and quality and safety standards.
- o The estimated weighted average proposed payment rate is reasonably expected to pay no more in the aggregate for Long-Term Care facility services than the amount that the agency reasonably estimates would be paid for the services under the Medicare principles of reimbursement, per 447.272(a).
- o The estimated weighted average proposed payment rate is reasonably expected to pay no more in the aggregate for Long-Term Care facility services to state-operated facilities than the amount that the agency reasonably estimates would be paid for the services under the Medicare principles of reimbursement, per 447.272(b).
- o DSS/DMS provides Long-Term Care facilities with an appeal or exception procedure that allows individual providers an opportunity to submit additional evidence and receive prompt administrative review of payment rates with respect to such issues as DSS/DMS determines appropriate.
- o DSS/DMS requires the filing of uniform cost reports by each participating provider.
- o DSS/DMS provides for periodic audits of the financial and statistical records of participating providers.
- o DSS/DMS has complied with the public notice provisions of 447.205
- o DSS/DMS pays for Long-Term Care services using rates determined in accordance with methods and standards specified in the approved State Plan.
- o The payment methodology used by the State for payments to Long-Term Care facilities for medical assistance can reasonably be expected not to increase payments solely as a result of a change of ownership in excess of the increase which would result from application of 42 U.S.C. 1861 (v) (1) (O) of the Social Security Act for all changes of ownership which occur on or after July 18, 1984, except for those changes made pursuant to an enforceable agreement executed prior to that date.

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<u>Provider</u> <u>Type</u>	<u>Before</u> <u>May 1, 1994</u>	<u>After</u> <u>May 1, 1994</u>	<u>Increase/</u> <u>Decrease</u>
NF	\$57.60	\$58.42	\$0.82

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- (1) The availability of services on a statewide and geographic area basis;
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- (3) The extent of provider participation

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- o The payment methodology used by the State for payments to Long-Term Care facilities for medical assistance can reasonably be expected not to increase payments solely as a result of a change of ownership in excess of the increase which would result from application of 42 U.S.C. 1361 (v)(1)(0) of the Social Security Act for all changes of ownership which occur on or after July 18, 1984, except for those changes made pursuant to an enforceable agreement executed prior to that date.

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<u>Provider Type</u>	<u>Before 01/1/94</u>	<u>After 01/1/94</u>	<u>Increase/ Decrease</u>
NF	\$58.93	\$58.93	\$ .00

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